

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Raytheon Company Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Rely on Your Beliefs Fund**

Mailing Address 209 Pennsylvania Avenue Southeast

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17190608

Date of Disbursement

10 / 09 / 2006

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Solis For Congress**

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

Candidate Name  
Rep. Hilda L. Solis

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 32

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2006 US General

Transaction ID: 17190612

Date of Disbursement

10 / 09 / 2006

Amount of Each Disbursement this Period

2000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Delahunt For Congress Committee**

Mailing Address 332 Victory Road

City Quincy State MA Zip Code 02171

Purpose of Disbursement

Candidate Name  
Rep. William D. Delahunt

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 10

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2006 US General

Transaction ID: 17190618

Date of Disbursement

10 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....